THE PRORISK GROUP
1300 776 467
enquiries@prorisk.com.au
www.prorisk.com.au

Public Liability

Claim Form

Use for Third Party Property Damage Claims Only

EMAIL

Please send all completed claims forms to: **newclaims@prorisk.com.au**

DISCLAIMER

- Please complete, in full, all sections of this claim form
- Please return this form to ProRisk as soon as possible after the incident
- Include photographs where possible

YOUR PRIVACY

- We need personal information about you to access your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose.
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives, and other consultants. By signing this claim form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose.
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to personal information we hold about you

IMPORTANT NOTICE

No admission of liability, either implied or expressed, should be made. Any claim made upon you should simply be acknowledged with advice that the matter has been referred to your insurer for determination. The completion of this form and its receipt by ProRisk is not an indication that ProRisk accept any liability to you or to any person claiming from you.

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A INSURED'S DETAILS

1. Name of the Insured (other than trading name):

2. Address:

3. Trading name of Business:

4. Type of Business:

5. Contact Name:

6. Phone:

7. Mobile:

8. Fax:

9. Email:

10. Are you registered for GST Purposes: ☐ YES ☐ NO

*If **Yes**, what is your ABN:*

11. What was your 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy? %

B CLAIM DETAILS

1. Date of Incident:

2. Time: ☐ AM ☐ PM

3. Date you first became aware of the incident:

4. Please describe in detail, how the loss/damage occurred:

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5. Address where incident occurred:

Street Address:

Suburb/Town: State: Postcode:

6. Are you the owner or occupier of the above address? ☐ OWNER ☐ OCCUPIER

If you lease the premises, provide a signed copy of the lease

7. Has a claim been made on you, or have you received a formal demand or claim from another person? ☐ YES ☐ NO

*If **Yes,** provide details below:*

Please attach all correspondence, including demands, contracts, quotes and invoices ☐ Attached

8. Please provide details of the property damaged ☐ YES ☐ NO

9. Are you aware of any defect to your plant, equipment, or any other property which gave rise to this claim? ☐ YES ☐ NO

*If **Yes,** provide details below*

10. Have you admitted responsibility/liability for the incident? ☐ YES ☐ NO

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11. Does the claim involve a product that you manufactured or supplied to another person? ☐ YES ☐ NO

*If **Yes,** provide details below*

12. Were emergency services such as ambulance, police or fire brigade contacted? ☐ YES ☐ NO

*If **Yes,** provide details below*

13. Did the property damage arise out of the use of a motor vehicle? ☐ YES ☐ NO

14. Was the motor vehicle registered or required to be registered? ☐ YES ☐ NO

15. If unregistered, was the vehicle insured under a motor vehicle or other insurance policy? ☐ YES ☐ NO

16. Have there been prior incidents in similar circumstances? ☐ YES ☐ NO

*If **Yes,** provide detail below*

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C CLAIMANT(S) & WITNESS(ES)

17. Please list details of the party or parties making a claim against you

Name	
Address	
Telephone	
Mobile	
Solicitor's Name	
Solicitor's Email	

18. Please list details of the witness(es):

Name	
Address	
Telephone	
Mobile	
Solicitor's Name	
Solicitor's Email	

DECLARATION

After making appropriate enquiries, I declare that:

- I am authorised on behalf of the Insured(s) to make this Declaration.
- The information in this Form is true and correct and I have not withheld any relevant information.
- I also understand that any false or fraudulent statement or concealment of material facts may cause a benefit not to be paid or to be repaid if a benefit has been paid incorrectly under this policy.
- I have read and understood the ProRisk Privacy Statement and I consent to ProRisk using the personal information in this Form for the purposes of investigating and handling any Claim or potential Claim against the Insured. I consent to ProRisk disclosing the personal information to third parties involved in the claims process, such as the Insurers, lawyers, claims adjusters and others appointed by ProRisk or by the Insurers.
- Where I have provided information about another individual, I declare that the individual has been made aware of that fact and of the ProRisk Privacy Statement.

Signature: _____

Name: _____

Position: _____

Date: _____